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ISSUE CLASSIFICATION	
Class	Subclass

PATENT NUMBER

**U.S. UTILITY Patent Application**

O.I.P.E.	PATENT DATE
SCANNED <u>11/24/04</u> G.A. <u>11/24/04</u>	

APPLICATION NO. 09/878792	CONT/PRIOR D	CLASS 514	SUBCLASS 1	ART UNIT <del>4653</del> 1204	EXAMINER 62785
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## APPLICANTS

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**TITLE**

Hematopoietic stimulation

PTO-2040  
12/99[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____  _____  _____	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
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<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	
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